

# ADVISORY COMMITTEE PER DIEM CLAIM FORM

NAME (PRINT) \_\_\_\_\_  
 MAILING ADDRESS \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE: AK ZIP \_\_\_\_\_  
 SOCIAL SEC. # \_\_\_\_\_  
 AC NAME \_\_\_\_\_

**COMPLETED FORM AND  
 ORIGINAL RECEIPTS MUST BE  
 MAILED WITHIN 5 DAYS OF YOUR  
 RETURN HOME TO:**

Alaska Dept. of Fish and Game  
 Boards Support Section  
 P.O. Box 25526  
 Juneau, AK 99802

## TRAVEL ADVANCE COMPUTATION

TENTATIVE DEPARTURE DATE/TIME: \_\_\_\_\_ RETURN DATE/TIME: \_\_\_\_\_  
 TRAVEL ADVANCE CODING: \_\_\_\_\_ AMOUNT: \$ \_\_\_\_\_  
 WARRANT #: \_\_\_\_\_ DATE: \_\_\_\_\_

## FINAL COMPUTATION

WHICH MEETING DID YOU ATTEND?

- ☐ Board of Fisheries    ☐ Advisory Committee  
☐ Board of Game    ☐ Joint Board    ☐ Other \_\_\_\_\_

WHERE WAS THE MEETING HELD? (Community) \_\_\_\_\_

DEPARTED HOME: Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM or PM

RETURNED HOME: Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM or PM

## HOW DID YOU PAY FOR LODGING?

- ☐ Out-of-pocket or with travel advance funds (HOTEL RECEIPT REQUIRED)  
☐ Charged to state (PRIOR APPROVAL REQUIRED)  
☐ Lodging expense not incurred

## HOW DID YOU TRAVEL?

- ☐ CAR/TRUCK    ☐ BOAT/SNOWMOBILE    ☐ PRIVATELY OWNED AIRCRAFT  
 (PUT BEGINNING AND ENDING MILEAGE FROM THE VEHICLE ODOMETER)

Mileage Begin: \_\_\_\_\_ End: \_\_\_\_\_ Total Miles: \_\_\_\_\_

- ☐ STATE TRANSPORTATION REQUEST (STR) (ATTACH THE PINK AND YELLOW COPIES)

TR #: \_\_\_\_\_ Date Issued: \_\_\_\_\_ Carrier: \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
 TR #: \_\_\_\_\_ Date Issued: \_\_\_\_\_ Carrier: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

- ☐ TRANSPORTATION PAYMENT ARRANGED BY BOARDS SUPPORT STAFF WITH STATE CTA ACCOUNT  
 (ATTACH AIRLINE RECEIPT WITH ITINERARY AND/OR BOARDING PASSES)

Travel Agency Used: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

- ☐ TAXI (RECEIPT REQUIRED) Fares: \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

## *OFFICIAL USE ONLY*

### Reference

PVN# \_\_\_\_\_

TA# \_\_\_\_\_

UDR# \_\_\_\_\_

MEALS: \_\_\_\_\_

LODGING: \_\_\_\_\_

MILEAGE: \_\_\_\_\_

TAXI: \_\_\_\_\_

OTHER: \_\_\_\_\_

**SUBTOTAL:** \_\_\_\_\_

LESS  
 ADVANCE: \_\_\_\_\_

**TOTAL  
 CLAIM:** \_\_\_\_\_

I CERTIFY THE FACTS STATED ABOVE TO BE TRUE AND CORRECT

**AC MEMBER SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

## *OFFICIAL USE ONLY*

BOARDS SUPPORT SECTION APPROVING OFFICER SIGNATURE		AMOUNT	CC	LC	ACCOUNT
		\$			
DIVISION APPROVAL		\$			
		\$			
DATE:	Batch#: _____ Date: _____	\$			

**ADVISORY COMMITTEE PER DIEM CLAIM FORM**  
**INSTRUCTIONS FOR ADVISORY COMMITTEE MEMBERS**

Please complete only these portions of the form:

1. Print your name.
2. Fill in the address where you want your check to be mailed.
3. Include a physical home address.
4. Fill in your social security number. Without this number no check can be issued.
5. Fill in your advisory committee name.
6. **ONLY** for travel advance, indicate planned departure and return dates.
7. Write the type of meeting you attended.
8. Name the community where the meeting was held.
9. Enter the date and time you departed home to attend the meeting (circle AM or PM).
10. Enter the date and time you returned home from attending the meeting (circle AM or PM).
11. Indicate how the lodging was paid. Lodging receipts are required for reimbursement of out-of-pocket expenses or for documenting use of a travel advance.
12. Indicate how you traveled to and from the meeting. Current mileage rates will be used for reimbursement.
13. Enter taxi fares to and from the airport. For any taxi fare you must attach a receipt to the per diem claim form.
14. **MUST** sign and date the form for reimbursement.
15. Any expenses without a receipt attached to the form may be disputed for payment.
16. When traveling by air please attach your itinerary and/or boarding passes.

After completing the per diem claim form, return it to your advisory committee coordinator. If you or your committee have any questions, please contact your advisory committee coordinator.